

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Southern Company

Service Provider Name
Southern Communications Services, Inc. d/b/a Southern LINC®

Company Address, City, State, Zip

5555 Glenridge Connector, Suite 500
Bin # 79490
Atlanta, Georgia 30342

Service Provider Type ☒ Wireless ☐ Wireline

Name(s) of Wireless License Holder(s)

Southern Communications Services, Inc.

Contact Name
Michael Rosenthal

Contact Tel #
678-443-1541

Fax #
678-443-1552

E-mail Address
mdrosent@southernco.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Greene County, Alabama
Perry County, Alabama
Atkinson County, Georgia
Calhoun County, Georgia
Clinch County, Georgia
Cook County, Georgia
Crawford County, Georgia
Lanier County, Georgia
Macon County, Georgia
McIntosh County, Georgia
Pike County, Georgia

Randolph County, Georgia
Treutlen County, Georgia
Webster County, Georgia

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Greene County, Alabama – Greene County, Alabama Sheriff's Office Dispatch Center
Perry County, Alabama – Perry County, Alabama Sheriff's Office Dispatch Center
Atkinson County, Georgia – Atkinson County, Georgia Sheriff's Office Dispatch Center
Calhoun County, Georgia – Calhoun County, Georgia Sheriff's Office Dispatch Center
Clinch County, Georgia – Clinch County, Georgia Sheriff's Office Dispatch Center
Cook County, Georgia – Cook County, Georgia Sheriff's Office Dispatch Center
Crawford County, Georgia – Crawford Georgia, County Sheriff's Office Dispatch Center
Lanier County, Georgia – Lanier County, Georgia Sheriff's Office Dispatch Center
Macon County, Georgia – Macon County, Georgia Sheriff's Office Dispatch Center
McIntosh County, Georgia – McIntosh County, Georgia Sheriff's Office Dispatch Center
Pike County, Georgia – Pike County, Georgia Sheriff's Office Dispatch Center
Randolph County, Georgia – Randolph County, Georgia Sheriff's Office Dispatch Center
Treutlen County, Georgia – Treutlen County, Georgia Sheriff's Office Dispatch Center
Webster County, Georgia – Webster County, Georgia Sheriff's Office Dispatch Center

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Southern LINC has been providing 911 to all serving areas within its coverage area since September 1997 and has established 911 for each newly activated site since this time including all counties noted above. Southern LINC identified the 911 delivery points in consultation with each County Sheriffs' Department Dispatch Center.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

As stated above, the translation to 911 abbreviated dialing has been completed.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

Southern LINC has been utilizing 911 abbreviated dialing for approximately five years. Once an entity is designated by the Governor of Alabama or the Governor of Georgia for the purpose of identifying the proper emergency response point for the routing of 911 calls, Southern LINC will check to ensure that all 911 calls are being routed to the proper emergency response point.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/A

Section 4

Certification - To be signed by an authorized representative of the reporting entity

☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

XX I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 1997.

Signature /s/ Michael Rosenthal

Printed name of authorized representative Michael Rosenthal

Title Director, Regulatory Affairs

Date March 11, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.